

Orphan Vulnerability, NGOs and HIV/AIDS in Ghana

A senior honor's thesis

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## **Abstract**

This study explores orphan vulnerability following the rise in HIV/AIDS and the institutionalization of orphanages in Ghana, West Africa. Using traditional anthropological methods, including participant observation and interviews, I argue that institutionalized care and high rates of HIV/AIDS increases hardships and vulnerabilities for orphans even as funding agencies and NGOs continue to channel resources to orphanages in the country. The institutionalization of orphan care undermines Ghana's matrilineal kinship system and does not provide social support. In effect, orphans in institutionalized care lack dynamic social identities and matrilineal networks leaving potentially vulnerable to neglect and exploitation. Ghana has brought attention to this problem through the Orphan and Vulnerable Children Care Reform Initiative of 2006. This initiative seeks to provide more opportunities for institutionalized orphans by decreasing orphanage enrollment and increasing kinship care, however the lack of organization, research and preparedness is harming those they wish to help.

## **Introduction**

Ghana is home to 1.1 million orphans (UNICEF, 2010). With the steady increase in rates of HIV/AIDS the number of orphans is growing and forcing change in care. In the past orphans were supported by large, matrilineal kin networks and cared for by their extended families. Today, and with the rise in HIV/AIDS and international NGO (non-governmental organizations) institutionalized care is growing (IRIN, 2008).

Nevertheless, orphans are increasingly vulnerable and face stigmas and discrimination concerning assumptions about HIV/AIDS and are envied because they receive international support. There are approximately 148 orphanages in Ghana, yet only five are registered with the Department of Social Welfare and there are no set requirements for staff members, even in the licensed orphanages (Colburn, 2010). Even those registered have reported many instances of neglect and abuse. Even though orphans often have access to more material goods than their community peers, a study conducted by the Integrated Regional Information Networks (IRIN) revealed as little as 30% of an orphanage's funds actually go to childcare in Ghana (IRIN, 2010). In this paper, I explore the reasons for neglect and the vulnerability, stigmas and envy that face Ghanaian orphans.

This study focuses on: why orphans are the most vulnerable people in Ghanaian society. I begin my discussion with a brief review of my methods and background on Ghana, including data on orphans and HIV/AIDS rates for the country. Turning to the issue of orphan vulnerability, I note the rise in NGO support for orphanages and how this support increased vulnerability. The Ghanaian government responded with the

OVC care reform initiative that ideally would combat vulnerability by moving orphans back into traditional Ghanaian kin networks. As I show, these reforms have not succeeded and orphans remain vulnerable in Ghanaian society. I conclude and argue that if reforms are to succeed, they must acknowledge the lack of family support nationally, the stigmas associated with HIV/AIDS in the country and resentment of orphans.

This study developed from my original research plan to explore barriers to an orphan's access to adequate food and nutrition. Building upon Maslow's "hierarchy of needs" I assumed that orphans would be challenged and have little or problematic access to basic resources they needed to survive (including food, shelter and clothing). In the field I realized that orphans access to food was largely equal to that of any other local child. Furthermore, they had access to material support that often seemed to supersede other locals.<sup>1</sup> Nevertheless, the orphans were stigmatized and vulnerable.

My new challenge was to understand the jealousy, envy, stigmatization and vulnerability that faced Ghanaian orphans. Where did the vulnerability come from? Why were orphans envied though they were treated poorly? One part of the answer was that the international community often views orphans under institutionalized care as inherently poor yet they are considered naturally privileged by the local community (Oleke et al, 2006). These conflicting images create a social nightmare for orphans who share little in common with their non-orphan neighbors. Compared to the community,

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<sup>1</sup> In fact, orphanages were typically well stocked with toys, athletic equipment and school supplies that were donated by European NGOs and volunteers. Non-orphaned children often envied the wealth of goods available.

orphans do not lack for food or material support yet the orphans still lack consistent social support and coherent social identities. Thus, I turned my focus from food and material support to explore the complicated nature of social support surrounding the orphans.

Ghanaians follow matrilineal kinship. Thus, one's lineage is defined through their mother's bloodline. Its strength is founded on the successes and power of its ancestors and members. The matrilineal system is crucial to the definition of Ghana society and for Ghanaians it guarantees social support, benefits, care, property rights and freedoms (Takai and Gyimah, 2007). Children who lose one or both parents (orphans by local Ghanaian traditions) were typically supported by other members of a matriline. Under institutionalized care, orphans are typically removed from the matrilineal system and become wards of the orphanage and are potentially rendered outsiders in their natal communities (Oleke et al, 2006).

## **Methods**

To understand why the lack of kinship ties creates major vulnerability for Ghanaian orphans, I relied on traditional anthropological methods. I combined interviews with personal at the orphanages and participant observation. I also used library resources to better understand Ghanaian society, traditional practices, orphan care and orphanages. I focused on understanding the stigmas, jealousy, envy and vulnerability that face Ghanaian orphans. I spent a total of five weeks in Ghana from August 14, 2010 to September 12, 2010. <sup>2</sup>The majority of time I was in Asebu, Ghana, where I was able to conduct participant observation and interviews at the Children's Home of Hope. I spent September 3-4, 2010 at Country-Side Children's Home to collect comparative data. <sup>3</sup>

I conducted interviews with the directors and staff at the Children's Home of Hope and Countryside orphanages. I organized the formal interviews around my original research questions concerning access to food, however informal interviews were structured around attitudes towards orphans as well as the major problems that the orphans face and were the provided much more data than the formal. Four formal interviews were conducted: one with the director of each orphanage as well as one with a staff member from each home. The formal interviews were recorded on my laptop, took place in private locations, and lasted from 35 minutes to one hour. The directors and staff members were asked similar questions to start the process. During the formal

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<sup>2</sup> I focused on understanding the stigmas, jealousy, envy and vulnerability that face Ghanaian orphans. I spent a total of five weeks in Ghana from August 14, 2010 to September 12, 2010.

<sup>3</sup> My research was IRB approved on August 6, 2010 with protocol number 2010B0185.



interviews, we would quickly move to informal discussions, and I would ask informants for clarifications and additional information as needed. It was during the interviews that I learned about the vulnerability, stigma and jealousy that surround the orphans and the lack of social stability and care that they often face. The directors of both orphanages were keen to talk about orphan reintegration in the community, access to schooling, and recent government laws that made orphan care difficult.

Participant observation (spending time with the orphans throughout their days—playing with them, working with them over school lessons, eating with them and so forth) was a vital part of my study. Through participant observation I was exposed to the mistreatment the orphans faced, the resentment of the orphans by the community, and problems with staff. Watching community and orphan interaction, staff and child interaction and the day-to-day running of the orphanage was valuable as I began to formulate my thesis.

## **GHANA Site Background**

I arrived in Asebu, Ghana on August 13, 2010 to conduct studies at my primary research site, the Children's Home of Hope, an orphanage founded by Elvis Morris Dunkoh in 2007. Children's Home of Hope is home to 18 children, 9 boys and 9 girls, aged 2-14 as well as three staff members, two women in their early 20s, and one in her mid 50s who are responsible for the daily care of the children. Funding for the home comes only from Mr. Donkoh's income as an HIV consultant and from volunteer donations.

Ghana is a country of 238, 537 square kilometers, located in West Africa, with a coast on the Gulf of Guinea. The climate is tropical and includes two distinct seasons, the dry season from November to late March and a rainy season from April to October, which is ideal for agriculture and employs about 50% of the population. Ghana's main exports are cocoa, gold and timber as well as pineapples, bananas, yams and cashews. Ghana gained independence from British rule in 1957, and is now a constitutional democracy with a multi-party democratic presidential system. There are several ethnic groups in Ghana: Akan, Mole-Dagbon, Ewe, and Ga/Dangme. There are 138 districts that make up 10 regions.



Figure 1 Ghana, <http://www.justworldmap.com/Ghana-Map-2.html>

The Children's Home of Hope is located on top of a hill in the town of Asebu. Asebu is a town in the Abura/Asebu/ Kwamankesse (AAK) district, which is located in the Central Region of Ghana, the fourth poorest of Ghana of ten districts. Most residents, around 99%, claim to be Akan, most speaking Fante or Twi and English. About 85% of the population is Christian, 10% follow traditional beliefs and 5% are Muslim (Ghana Districts, 2007). The town has little clean running water, open sewers, and

limited access to electricity. The AAK district is economically vulnerable and many of list of its problems are associated with children. They include lack of services for orphans, lack of knowledge about child-care, unfinished schools, and collapsing day care centers (Ghana Districts, 2006).

While the Children's Home of Hope boasts fantastic views of the community, the building is quite small for 18 children and three staff members. There are two rooms for sleeping one for girls, one for boys. The sleeping arrangements are of low quality, as mosquito nets only cover the bottom bunks, nearly every bed is broken and every mattress torn. The "kitchen" is without a stove or refrigerator and is only used to store food and utensils. The last room of the orphanage doubles as a play area and a place to prepare food when weather is poor. There is no running water in the building; the closest pump is at the bottom of the steep hill, and it's quite a challenge for the children to bring the buckets back and forth. Water is collected twice daily for cooking and once daily for bathing. Unlike most homes in Asebu, the orphanage has electricity but it is extremely fickle and dependant on the weather.

The second research site, Country-Side Children's Home, is located in the central region of Ghana, in the Awutu Bawjiase district. Emma Boafo Yeboah founded the orphanage in 1981 starting with just 12 children. Country-Side is home to 77 orphans. The orphanage is situated next to a large forest with ample amounts of land for the children to play. Country-Side has both a pre-school and a primary school onsite as well as on staff nurses, an accountant, two fish ponds, over 1000 chickens, cows, goats, and a 100 acre plot of land to teach farming skills and to sell products to support a steady

income. There are also large areas for children to play, swings, soccer fields, and indoor and outdoor eating sites. Country-Side orphanage is in secluded part of the town and the orphans therefore have little opportunity to interact with the community until they attend school outside of the orphanage.

Country-Side receives funding from several local and international donors. They also generate income from their crops and animal products. Country-Side helps the community by allowing young mothers to bring their children to the center during the day while they work or go to school. The orphanage is agriculturally self-sufficient. Orphans have opportunities to learn valuable skills such as agriculture or animal care, get an education, and access to decent health care such as vaccinations, de-worming medication, and basic check ups.

## **HIV/AIDS and International Aid**

The prevalence of HIV/AIDS orphans in Ghana complicates the life of orphans and has impacted the ability for kinship care in Ghana (Crentsil, 2009). The current infection rate of 2.3% is small in comparison to some African countries with rates at 10% or greater, but Ghana must cope with roughly 160,000 AIDS orphans (Crentsil, 2009). The international community's response to the continuously increasing number of orphans due to HIV/AIDS has contributed to the problem that strains family support systems.

The increase of international influence in Ghana began took off in 2003 when the country's HIV/AIDS rates were at their highest (USAID, 2010). As HIV/AIDS rates rose, the traditional system of care was strained and parents suffering or dying from HIV/AIDS abandoned their children. Traditionally other family members would care for these children, yet as HIV/AIDS orphans they face discrimination, abuse and are often excluded from their extended families. International funding was welcomed into the country to help cover the costs of caring for HIV/AIDS orphans. Many grass roots, NGOs, faith-based and large organizations such as UNICEF, as well as individual donors and actors have taken it upon themselves bring aid to orphans (Freidus, 2010).

Building and funding an orphanage is the most common path followed by organizations that want to help. Orphanages are an easy target for aid, as they are a place where funding is easily distributed, children can be counted, and staff members can be hired accordingly (IRIN, 2009). Nonprofits and international donors give money

to orphanages because it's an easy way to support vulnerable and HIV affected children (Nyambedha, Wandibba, and Aagaard-Hansen, 2003).

Unfortunately, orphanages are not a quick fix for the problem that confronts orphans in Ghana. Donors are often doing what they think is best with a naïve sense of the culture, people, and society where they are working. There is often a misunderstanding between what the communities actually need and what NGOs provide it with (Freidus, 2010). When sponsors create orphanages without taking cultural context into account, they can cause many problems (Freidus, 2010).

Though many HIV/AIDS orphans are not cared for by kin because of financial reasons, the majorities are rejected based on stigma. There are certain diseases in Ghana that are considered disgraceful, people shun them and those associated with them. Diseases such as leprosy, tuberculosis, sexually transmitted diseases, and now HIV/AIDS are associated with inappropriate behaviors such as prostitution or pre-marital sex (Mwinituo, 2006). The matrilineal system that provides support and care for its members is also quick to exclude a member if he or she will bring disgrace to the family. People infected with these diseases are shunned from their families because of the embarrassment they have brought upon the family. It is not only HIV/AIDS patients that are stigmatized and excluded, the people who care for them are stigmatized by association (Mwinituo, 2006). A study done by Mwinituo reveals that many caretakers go to great lengths to avoid having the community figure out what they are doing. They will risk their own well-being by socially isolating themselves from friends and family (2006).

Children who are orphans as a result of HIV/AIDS are perhaps the most stigmatized. Family members do not want to associate with someone who has this disease to avoid dishonor in the family or they may be fearful that the child will spread the disease to others. Even family members who want to care of these children often cannot take the exhaustive measures to secretly care for these children. Regardless if the child has HIV/AIDS, they are still very much associated with their deceased parent who brought shame to the family. If the child is indeed infected, many times the uneducated assumption is that orphans infected with HIV/AIDS will die soon anyhow, and they are therefore refused proper care or medication (Crentsil, 2009). Families caring for a child who is HIV positive often face extreme challenges in accessing and affording the medications to care for the child (Okele et al, 2006). AIDS orphans are much more likely to be abused or neglected as they have the potential to provide a great deal of stress to their caretakers (Mwinituo, 2006).



# Traditional Model of Orphan Care in Ghana

Death

Instability

Opportunity

Orphan  
s

Kinship  
adoption and  
fostering

Maintenance  
of kin ties

## Post HIV/AIDS- NGO Based Model of Care

HIV/AIDS

Other

Orphans

NGO based  
Orphanage

Loss of Kin  
ties/ social  
outsiders

Stigma

Figure 2: traditional verses post HIV/AIDS orphan support pathways

### Matrilineal society of Ghana

Ghanaian descent follows a matrilineal kinship system. This means one's lineage, their family and ancestors are linked through the mother's blood line. Each kin group is networked, with stress on sharing common cultural traditions, ethnic identity, and ancestors (La Ferrara, 2003).

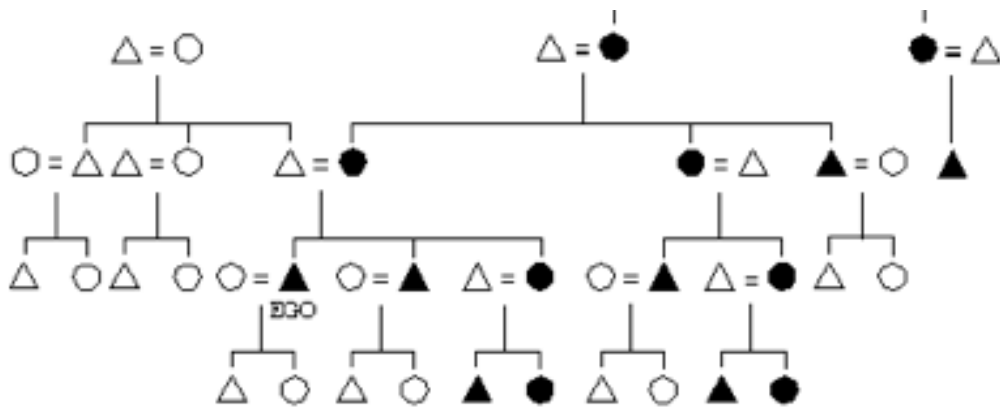


Figure 2, Matrilineal Decent, Hudson, 1976

Kinship defines a series of relationships that classify a group of members that can depend on each other for mutual aid. The matrilineal system is crucial because family members are guaranteed significant social support, benefits, care, property right, freedoms and an identity (Takai and Gyimah, 2007). Looking after one's family is the first priority in Ghanaian's life. Loyalty throughout the extended family remains strong within the group, and many people's first obligation is to care for and ensure the wellbeing of their family (Aldous, 1962). An example from a study in Lagos shows that for nearly all subjects studied, at least 10% of their income went to their extended family members (Aldous, 1962). Family members contributed funds for orphans, elderly, unemployed, and education, acting as a substitute for a nonexistent public

welfare system (Aldous, 1962).

One's lineage can be and often is more important than one's abilities, personal interests, or individuality. A great marriage for example is not dependant on love; rather it is defined by one's matriline and one's position within (Takai and Gyimah, 2007). Kinship groups are a kind of insurance, often providing access to jobs, loans, land, and education as well as some financial security in times of need (La Ferrara, 2003). Reciprocity is commonly practiced and strongly felt throughout and among the kin group members, making family dependable and generous to one another. In Ghana for example, it's common for young people to receive assistance from elders, and in turn give assistance to younger relatives. There are only a few instances where a member is subject to be removed from their kin. The people affected by these instances are institutionalized orphans, people stigmatized from HIV/AIDS or other diseases, and people who have shamed their family in such a way that cannot be forgiven.

### **Traditional System of Orphan Care**

In the past, orphans were typically cared for by their extended families and matriline. The process of fostering children whose parents were unable or deceased was commonplace for many families in Ghana (Deters, 2008). The strong kinship system allowed the maintenance of the matriline, as children were “adopted” into foster families, usually sisters, and sometimes brothers of the mother (Goody, 1973). The sister is most commonly chosen as the best provider of care in the kin group, as her close matrilineal identification with the mother allows the children to remain in the same position within the kin group (Goody, 1973). Any family member, especially on the mother’s side, is quite beneficial to an orphaned child. Even if he or she must change positions in the kinship system, they are still a part of it and will still reap the benefits.

Many times, an “orphan” in Ghana is not what we expect in the West; a child whose parents are both deceased. At the Children’s Home of Hope, I met an “orphan’s” mother and the grandmother of two other children. The director discussed having to “send an orphan back home” because he or she was causing too much trouble. The definition of an orphan varies, but typically it is globally accepted as a child with one or more deceased parents. Nearly all the children at the orphanage seemed to have at least one living parent. Children who have one or both parents that cannot afford support or cannot meet the child’s needs become orphans and are sent to orphanages.

If a parent cannot care for the child for whatever reason, he or she should ideally turn to the matriline. Kinship care through the matriline is beneficial, as the child

can live with relatives and maintain the possibility of rejoining parents (Goody, 1973). If rejoining parents is not an option, the child can maintain their ties, while maintaining a relationship with their parents (Goody, 1973). Kinship care is also beneficial because it is informal and private with no government involvement. Many children feel comfortable and thrive in these proxy family situations and become quite happy and comfortable with their foster parents (Kuyini, Alhassan, Tollerud, Weld, and Haruna, 2009). This type of care would clearly be preferred in Ghana. Of course, this is not always the case and institutionalized care is sometimes necessary in certain circumstances (Ansah-Koi, 2006 : Kuyini et al., 2009).

Unfortunately, informal kinship care is disappearing in Ghana. The steep rise of institutionalized care began around 2006 when HIV/AIDS became prevalent in the country. The traditional means of caring for orphans cannot keep up with the increase in orphan numbers and deal with the stigma of HIV/AIDS, as families do not have the extra funds to care for the large amounts of orphaned children (IRIN, 2008). Ghanaians are struggling to meet the needs of their own children, leading them to more often than not reject taking on another child (Ansah-Koi, 2006). Orphans are usually taken in by women on their mother's side that live in households that already tend to be disadvantaged due to age, economics and gender. As a result, taking an orphan into the family often results in a lower quality of living for the entire family (Deters, 2008). Orphanages offering material goods, food and often education seem to be the better and easier choice for most families.

### **Orphans who would not benefit from kinship care**

Though kinship care is the chosen method of care for orphans, it is important to understand that not every orphan would benefit under this system. Fostering families are financially strained and orphans may be treated as servants, denied the opportunity to go to school and forced into child labor (Kuyini et al., 2009). This is especially true when orphans do not have any immediate kin to care for them and they are taken in by a distant relative who does not know them well. The director of Children's Home of Hope noted that a handful of the children living in his home came to him from sick parents or from relatives who did not want to care or were unable care for the children themselves. The condition of parents made these children more likely to suffer abuse. The director discussed issues of HIV/AIDS stigmatization and his personal concerns with the stigmatized children going back to their families and being used for child labor.

Abuse and neglect is especially common when the child's parents have died of HIV/AIDS and the orphans themselves carry the stigma of the disease. Many children are denied the opportunity to live under kinship care, primarily for these reasons of financial strain, no close family members, or the HIV/AIDS stigma. Obviously, these children need somewhere else to go. In these instances, orphanages, while lacking a normal family structure and breaking kinship ties, will be better at providing the orphan with food, education, and material goods.

## **Jealousy and Stigma**

Orphans living under institutionalized care are in a strange predicament. They are not only stigmatized by their status as an orphan or an AIDS orphan, but face community jealousy as well. The funding provided by western organizations and orphans' access to material goods, education, and interaction with westerners make their status seem like a "privileged one" to the locals (Freidus, 2010). Children have problems making friends at school and in their communities because they are described as spoiled. Orphans from Andrea Freidus' research in Malawi state that they do not enjoy going back to their own communities as community members often ridicule them and make them feel bad. One orphan even described his fear of being killed by extremely jealous community members (Freidus, 2010).

Directors voiced concerns about children being mistreated at school. They worried that both teachers and classmates disliked them for the material things they have. The community children asked me why I played more with the orphan kids, because they're "too spoiled and don't need you, we need you to play!" The director said that community kids would try to steal toys from the orphanage, so they weren't allowed inside. This probably made the children even angrier with the orphans and only the occasional child would come ask to play soccer or share a jump rope. The director at Children's Home of Hope noticed this resentment and tried to start community programs where the community and orphan children could go play. However, the groups of children tended to separate. The orphan children felt that the volunteers were theirs, and often got mad at other children for trying to play with us. When trying to explain that we liked playing with both, fights and arguments about orphans being "spoiled" and "having everything" occurred.

## **Creating Orphans**

The majority of orphans living in Ghana's orphanages do not fit the western definition of an orphan, which is a child who has lost both parents. UNICEF's and other global partners definition of an orphan is "a child who has lost one or both parents" (UNICEF, 2009: Bicego, Rustein and Johnson, 2003). UNICEF reports there are 132 million orphans in the world under this definition, though only 13 million have lost both parents (UNICEF, 2009). The difference in definitions can mislead international donors into thinking that all 132 million need a new home (UNICEF, 2009). If international sponsors give community aid through orphanage care, a community will certainly provide them with "orphans."

Children who have living parents or family members are sent to the orphanages because of poverty at home, stigma, and the "hope for a better life." Parents see the orphanage as a way to give their child the life that they could never afford. They decide that the immediate benefits of the orphanage outweigh the long-term problems that their children will most likely experience. Perhaps they do not realize the problems that their children will face. Sometimes the children in the community may want to come to the orphanage because they want attention, quality education and material goods that the orphans have (Freidus, 2010).

There is also research that suggests that the financial gains orphan directors get from western donors and adoption fees may influence them to trick uneducated parents into giving their children up to the orphanage (Schimmelpfennig, 2010). While I did not encounter these situations in Ghana, there have been many reports in other



African countries of these occurrences and it was apparent that Ghanaian directors did receive significant financial gain from donations. Directors at the orphanages had many material goods such as multiple cell phones and cars, mostly obtained through donations.

The IRIN reported that parents sometimes sign a form giving their child to the orphanage without knowledge of what it really means (2009). As in the traditional system of care, where a family member may take in a child until the parent is financially stable again, the parents may think orphanages will do the same. Sometimes international adoptive parents who are falsely told that these children do not have living family members or are not wanted by them adopt these children. A publicized example is Madonna's attempt in 2009 at adopting her second child from Malawi when the girl had a grandmother who wanted to care for her once she reached the age of six (Bourne, 2009). This incident helped raise awareness of this problem, as well as the push to only adopt children who are genuine orphans. Regardless of the attention, Madonna still adopted the young girl after convincing the girl's family and the government.

### **Reintegration and the orphan's future**

Even if an orphan is provided with education, food, clothes and toys under institutionalized care, they still will face problems as they reintegrate once they are finished with school or too old for the orphanage. The orphan, now an outsider from their community will experience many complications and will have little or no links to family ties. The lack of kin ties mean that they will have problems finding employment, housing, accessing land, and marrying.

Directors at both Country-Side orphanage and Children's Home of Hope were concerned for the reintegration of orphans once they were too old for the orphanage. At Country-Side the director explained how grown orphans were coming back to the orphanage asking for employment or help. He explained how even the orphans who they funded to go through technical school still had problems finding jobs. He figured it was because the orphans "didn't know anyone and didn't have connections." He suggested that they just needed more money from sponsors to support the orphans but was quite aware that it wasn't realistic once the couple of adult orphan they fund now turns into dozens of adult orphans. This topic seemed very unsettling to the director, and he was quite unsure of what to do. He also feared that the orphans that were taken back into their families because of the new governmental laws (OVC Care Reform Initiative) were probably going to experience child labor and abuse. The director at Children's Home of Hope felt the same. He was angry that the government didn't support his actions and that the children would have nowhere to go if they were to shut down his orphanage.

Orphans who grow out of the orphanage no longer have access to their material goods and may further separate themselves from the community by having unrealistic expectations for their standards of living (Freidus, 2010). These reasons along with having nowhere to go, influences adult orphans to return to their orphanage. Since the significant increase of orphanage care has began only recently, the number of adult orphans is still low and the social and economic effects of large amounts of adult orphans are still yet to be defined (Freidus, 2010).

### **Taking advantage of Orphans**

Out of the 148 orphanages in Ghana, only 8 are registered with Ghana's Department of Social welfare, leaving NGOs and donors with near freedom to do as they please. Sponsors can dictate how their funds are spent with no cultural or governmental guidelines (Freidus, 2010). Unfortunately without a real structure in place, these funds often disappear or end up elsewhere. A statistic from IRIN suggests that only about 30% of donated funds actually go to orphan care, the rest being siphoned off by the directors and staff member (2009). While even with the 30% given to orphaned children, they are still comparatively "better off" than the community's children. This suggests that international donors are in serious need of changing the ways in which they channel aid into the country.

Despite their access to education and material goods, orphans often face abuse under institutionalized setting. Little attention is given to an orphan's mental well being due to separation from family members, being discriminated against by the community and adapting to the structure of orphanage life (Frank, Klass, Earls, and Eisenberg, 1996). While both orphanages seemed to have a genuine interest in the well being of the children they were caring for, emotional problems are sure to exist. At the Children's Home of Hope, staff members were often mean and neglectful to the children, ridiculing and embarrassing them if they did something wrong. None of the children showed affection to the staff members, only to each other, the director and the volunteers.

Children were very attached to the volunteers at the home and were visibly very upset when they left. The appeal of orphanages to volunteer companies and people looking to “help” seems to put more of an emotional drain on the children than actual help. Volunteer organizations and NGOs exploit the orphan’s situation when sending volunteers to “help” orphanages. All the tears the children shed when I left Ghana made me question my role as a researcher and if my involvement with the children was a positive one in the long run. Orphaned children are already suffering the loss of a parent or parents, abandonment from family, resentment from community, and usually a lack of love from caregivers. They do not need to be left after a short period of time by volunteers whom they build positive relationships with.

### **OVC Care Reform Initiative**

The Orphan and Vulnerable Children Care Reform Initiative (OVC CRI) was implemented in 2006 by the NGO Orphan Aid Africa and has the support of the Ghanaian government. Lisa Lovatt-Smith, a Vogue magazine editor who was inspired to help the plight of orphans after volunteering with her daughter in 2002, founded the American NGO OrphanAid Africa that same year (Lemons, 2010). This initiative seeks to bring attention to the problems of orphanage care in Ghana and to reintegrate institutionalized children back into their families and communities. It seeks to close the majority of orphanages in Ghana by August 2011 and improve the conditions of the orphanages that must remain as a necessity.

The OVC CRI defines most orphanages as corrupt and believes that “every child deserves a family.” The OVC CRI was inspired by the UN Committee of the Rights of the Child (1990) and seeks to put the best interest of children first. However, the outcomes of the OVC CRI leave orphans with less support than when they entered the system and it does not recognize the social problems surrounding orphan care. While the OVC CRI has been successful in bringing attention to the problems of orphan care, there are problems with its implementation.

The OVC CRI aims to improve the standards for the orphans who live under institutionalized care. The standards however are based on western assumptions that are mostly unrealistic in Ghana. The new standards call for an increase in material goods, quality of food and standards of living. Unfortunately, these new standards further strain an orphanage’s resources while also increasing the jealousy felt from the

community. Both the Children's Home of Hope and Country-Side orphanage seemed to be distressed because of this reform. They complained that it was not made in the best interest of the child and had to plan to send children back to families that may not want them or be in a state to receive them. The standards the OVC CRI imposed created a panic whenever the director would be notified that one of the newly trained social workers was coming to investigate conditions. The director of Children's Home of Hope expressed his concern that the reform wasn't helping him financially to increase the standards of living, only threatening him that they would close his orphanage if he did not meet the new standards. He suggested that some of the children were fearful of having to go back to their homes, and that the lack of laws protecting the children in the orphanage might make their fears a reality.

The new programs do not consider the lack of kin support that leaves most orphans, especially HIV/AIDS orphans, with no family to turn to or social status. While I agree that orphans should be cared for by their kin, this initiative has failed to address the social problems orphans face such as the severe stigma against HIV/AIDS orphans, the financial strains for families to care for orphans, as well as the resentment many families and community members feel towards orphans because of their current "privileged" lifestyles they lead under institutionalized care. Without first finding ways to help fix the social problems orphans face, the children that are being moved from institutionalized care back into the community will likely face more hardships than remaining under orphanage care.

## **Conclusion**

Ghana's institutionalized orphans share a strange fate. While the western world thinks of orphans as poor, sad, and alone, their communities see them as privileged, with NGOS supplying them with material goods, access to education and food. The reality is however that while they have access to material goods and resources are poured into the country for their aid, they often see only a fraction of these resources. Orphans under institutionalized care have opportunities for education, but they are also often abused, ridiculed, and taken advantage of.

The odd status of orphans can be explained as follows: regardless of their material possessions orphans lack status in their community as the kinship ties they had disappear once they become institutionalized. Without a social identity, orphans cannot be viable members of society once they are grown, as they have no place in any community and have no support system from a family. The stigma of HIV/AIDS and the jealousy from the community because of orphan's access to material goods further create problems for orphans. While HIV/AIDS has influenced the decision to host orphans under institutionalized care, both the stigma of HIV/AIDS and jealousy from the community has forced them to remain there. Programs such as the OVC Care Reform Initiative has tried to bring orphans back into families but due to poor planning and failing to recognize these social problems of jealousy and stigma the program seems to be hurting the well being of orphans more so than helping.

The systematic failure of Ghana's system to regulate international influence in the country has degraded the safety nets families once had to care for their children



following kin based models (IRIN, 2009). Orphanage care is not cheap. Providing safety nets for families would be much less expensive than funding orphanages and more community friendly (IRIN, 2009). While these programs would be much harder to monitor, fund, and manage, they would ultimately be the best choice for orphan care. As we learned from the OVC CRI, it's unrealistic to expect a successful and quick movement from orphanages to family care. Programs supporting family safety nets will lessen the need for families to give children to orphanages due to desperate measures, lessening the number of new children sent to orphanages. Other actions to consider are HIV/AIDS awareness and education to lessen stigmas as well as programs focusing on entire communities rather than just orphanages, so that there will be equality amongst the entire community. Safety net programs could decrease the number families giving their children up to orphanages due to poverty and HIV/AIDS education would contribute to less parents dying due to HIV/AIDS as well as fewer families rejecting children due to the stigma they carry. Perhaps then adoption and traditional systems of care could begin to be reintroduced.

It is crucial for orphans to maintain kin ties so that they have a social identity in Ghanaian society. Orphans need to be viable members of society when they are adults and no longer supported by an orphanage. With over one million orphans living in Ghana, this unexplored problem will inevitably become much larger once they are grown with no place to go. Action needs to be taken now, not only to promote well-being for all Ghanaian children, but in order to reduce the expected complications that a generation of identity-less orphans will create.

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## Appendix A -- IRB Approval



### Behavioral and Social Sciences Institutional Review Board

Office of Responsible Research Practices  
300 Research Administration Building  
1960 Kenny Road  
Columbus, OH 43210-1063

Phone (614) 688-8457  
Fax (614) 688-0366  
[www.orrp.osu.edu](http://www.orrp.osu.edu)

August 6, 2010

Protocol Number: **2010B0185**  
Protocol Title: **CHILDREN'S ACCESS TO FOOD AND NUTRITION IN ASEBU, GHANA, Jeffrey Cohen, Elaina Voyk, Anthropology**  
Type of Review: **Initial Review—Expedited**  
IRB Staff Contact: **Jacob R. Stoddard**  
Phone: 614-292-0526  
Email: [stoddard.13@osu.edu](mailto:stoddard.13@osu.edu)

Dear Dr. Cohen,

The Behavioral and Social Sciences IRB **APPROVED BY EXPEDITED REVIEW** the above referenced research. The Board was able to provide expedited approval under 45 CFR 46.110(b)(1) because the research meets the applicability criteria and one or more categories of research eligible for expedited review, as indicated below.

Date of IRB Approval: **August 6, 2010**  
Date of IRB Approval Expiration: **June 30, 2011**  
Expedited Review Category: **7**

In addition; the protocol has been approved for the inclusion of children, a waiver of documentation of the consent process, and for a waiver of parental permission.

If applicable, informed consent (and HIPAA research authorization) must be obtained from subjects or their legally authorized representatives and documented prior to research involvement. The IRB-approved consent form and process must be used. Changes in the research (e.g., recruitment procedures, advertisements, enrollment numbers, etc.) or informed consent process must be approved by the IRB before they are implemented (except where necessary to eliminate apparent immediate hazards to subjects).

This approval is valid for **one year** from the date of IRB review when approval is granted or modifications are required. The approval will no longer be in effect on the date listed above as the IRB expiration date. A Continuing Review application must be approved within this interval to avoid expiration of IRB approval and cessation of all research activities. A final report must be provided to the IRB and all records relating to the research (including signed consent forms) must be retained and available for audit for at least 3 years after the research has ended.

It is the responsibility of all investigators and research staff to promptly report to the IRB any serious, unexpected and related adverse events and potential unanticipated problems involving risks to subjects or others.

This approval is issued under The Ohio State University's OHRP Federalwide Assurance #00006378.

All forms and procedures can be found on the ORRP website – [www.orrp.osu.edu](http://www.orrp.osu.edu). Please feel free to contact the IRB staff contact listed above with any questions or concerns.

Shari R. Speer, PhD, Chair  
Behavioral and Social Sciences Institutional Review Board

hs-017-06 Exp Approval New CR  
Version 01/13/09

